PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE rEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificate	correspondence includired below or directed oth	or transmitting the ISSU ig the Patent, advance of terwise in Block 1, by (a	rders and notification of mages and specifying a new corres	naintenance fees w pondence address;	ill be m and/or	nailed to the current of (b) indicating a separ	
CURRENT CORRESPONDENCE ADDRESS (Note; Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23416 CONNOLLY I P O BOX 2207 WILMINGTON	7590 03/19 BOVE LODGE & , DE 19899		ĭ her	Cert ceby certify that thi	tificate	of Mailing or Transn	
							(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/519,513 TITLE OF INVENTION	12/23/2004 PROCESS FOR REMO	OVING WATER FROM	Tim Jungkamp A MIXTURE CONTAININ	NG WATER AND		B10-00008-US CHLORIDE	5293
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	3 FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	. 06/19/2008
EXAM	EXAMINER		CLASS-SUBCLASS				
SACKEY, EBENEZER O		1624	423-491000				
Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A	ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)					
(A) NAME OF ASSIC	SE		data will appear on the part a substitute for filing an a (B) RESIDENCE: (CITY Grant Control on the patent):	and STATE OR C	OUNTI	RY)	
	are submitted: Io small entity discount p # of Copies	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 032775 (enclose an extra copy of this form).					
NOTE: The Issue Fee an	s SMALL ENTITY state	us. See 37 CFR 1.27. uired) will not be accepte	b. Applicant is no long				
Authorized Signature Typed or printed nam	Ashley	tes Patent and Trademark T. Pezzne 1			lo	109 35,646	
Alexandria, Virginia 223	13-1450.	NOT SEND FEES OR	on is required to obtain or re 1.14. This collection is est of depending upon the individe Chief Information Office COMPLETED FORMS TO aspond to a collection of inference of the collection of the collecti) [HIS ADDRESS	, SEIVL	10: Commissioner i	or ratems, r.O. box 1450,